

Bag Valve Mask

Indication: Patients who require assisted ventilation due to:

- (1) Failure to oxygenate with passive oxygenation (e.g. NRB, NC), or
- (2) Failure to ventilate (e.g. apnea, bradypnea).

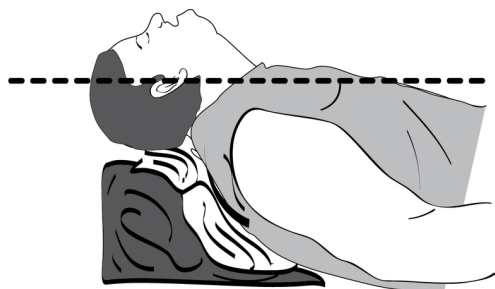
1. Select the proper **size** of BVM.
2. **Connect** the BVM to an oxygen source and start flow at 15L/min.
3. Consider inserting a **nasopharyngeal airway (NPA)** or **oropharyngeal airway (OPA)**. Then **place the mask** on the patient's face with the narrow part over the bridge of the nose.



4. **Create a mask seal with patient placed in "sniffing" position.**

With one rescuer, utilize the "C" and "E" technique.

With two rescuers, use the "thumbs up" technique, where the heels of the hand hold the mask, and lift the jaw into the mask with the other fingers.



5. **Deliver ventilations gently**, over 1-2 seconds to avoid insufflating the stomach.

Assess whether the patient is successfully ventilating.



KEY POINTS

- **The face should be pulled into the mask.** If the mask is pushed into the face, this may compress the airway.
- Ventilation rate should not exceed 8-10 breaths per minute (once every six seconds).
- The average adult BVM contains 1600mL. The average adult breath is ~500mL. **To limit overventilation, consider using a pediatric BVM (average volume of 500-1000mL), or consider squeezing an adult BVM with two fingers. Only bag until chest rise. Overventilation is detrimental to patients.**
- If ventilation is difficult, ensure that the jaw thrust is being maintained during ventilation.
- If ventilation is too easy and the chest is not rising, there may be an air leak. Double check the mask seal and consider using two-person technique to maintain a better seal.